

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>4/25/06</u>		2 Serial/Patent # <u>09/779693</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		<u>WFOE</u>	<u>3/27/06</u>
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 570</u>
		8 TO BE REFUNDED BY:	
10 REASON:		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		<u>, 03--1952</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		<u>extension filed after extendable period</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Sherry D. Brankley</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: <u>Sherry D. Brankley</u>		PHONE: <u>33304</u>	
OFFICE: <u>Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Key R. Kuhn</u>		DATE: <u>4/26/06</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  578562001600
Application Number	09/779,693	Filed February 7, 2001
For <b>COMPOSITIONS AND METHODS FOR ENHANCING DRUG DELIVERY ACROSS BIOLOGICAL MEMBRANES AND TISSUES</b>		
Art Unit	1618	Examiner D.L. JONES
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the	<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>39,933</u>	
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
		March 23, 2006 Date
Robert K. Cerpa Typed or printed name		(650) 813-5715 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.	

03/28/2006 MBIZUNES 00000078 031952 09779693

01 FC:2253 510.00 DA

Adjustment date: 04/26/2006 CKHLOK  
03/28/2006 MBIZUNES 00000078 031952 09779693  
01 FC:2253 510.00 CR